COUNCIL

Steering Committee

Subcommittees

Housing

Review of Other Community 10-Year Plans

Planning and Building

Outreach

Community Education on faces of homelessness: Chronic/Episodic/ At Risk of

Coordination of Continuum of Care System and Implementation of Plan

Working Group

Funding
- Available
- New Sources
- Needed for Implementation
- Fair Share of Costs

Data Analysis:
- Homeless Management Information System:
  - Grant Measurement
  - Data Evaluation
- Continuum of Care
- Homeless Count
- Homeless Assessments

Prevention Strategies:
- Discharge Planning
- Mainstream resources
- Services/Program Analysis
- Employment

Community Focus Groups

Last Revised January 27, 2006

Within Our Reach: A Community Partnership
A 10- Year Plan to End Homelessness
Sub-Committee Outline

The Working Group Sub-Committees (WGSC) are designed to allow the general community to get involved in the process of developing a long range strategic plan, with short, mid and long range goals and outcomes that will be implemented over the course of time and produce the following outcomes:

1. Reduce the number of people who become homeless
2. Increase the number of homeless people placed into permanent housing
3. Decrease the length of homeless episodes and disruption it causes
4. Provide community-based services and supports that prevent homelessness before it happens and diminishes opportunities for homelessness to recur

There are 9 core WGSC. Each sub-committee topic will have several parts and all of the information gathered and recommendation from the different WGSC will be shared between the sub-committees, the full WG and Steering Committee. In some cases there will be overlapping information due to the complicated nature of homelessness. The WGSCs are structured in such a way that the groups can focus on specific related topics without getting overwhelmed by the complexity of the topic of homelessness, but can share in the workload in developing and completing the Committee Recommendation matrix form (see the blank Committee Recommendation Matrix form in this section).

Each WGSC will complete the "Committee Recommendation Matrix" form for the topics covered in their sub-committee. The WGSC will each have a chair from the Working Group, and possibly co-chairs from the Working Group and Steering Committee as well as one city staff member assigned to assist the sub-committee in obtaining related information.

The following is an outline of each of the 9 WGSC and a brief description of topics that will be covered. Also noted are other community 10-year plans that have covered similar topics. The Department website is:
http://www.longbeach.gov/health/organization/hss/homeless services/10 year plan to end homeless.asp will have internet site listings and links to other plans if WGSC members or the public would like to view the plans in whole.

The WGSC are not listed in any specific order and all sub-committees will begin to schedule meetings in September. All meeting dates and locations will be posted on the above website.

1. **Review of Other Communities' Plans**
   This WGSC will review several other completed and in process 10 year plans from around the Country. The WGSC will develop information packets to be shared with the different WGSC as background information that can be used in the development of Long Beach's plan. The WGSC will also review implementation follow-up from the other 10 year plans to assist the WGSC in understanding how recommendation are implement, those that are successful and those that were not.

2. **Community Education on the Faces of Homelessness/Homeless (At Risk, Chronic and Episodic)**

This WGSC will develop education materials for the community at large regarding the faces of homelessness. The WGSC will focus on the three categories: (i) those at risk of becoming homeless, (ii) those experiencing episodic homelessness - persons/families experiencing episodes of homelessness of less than 1 year; (iii) and persons/families with disabling condition that are experiencing chronic homelessness (have been homeless for a year or more or have had 4 episodes of homelessness in the last 3 years. The education campaign will focus on dispelling myths about homelessness and educating the community on services available, specific information about the homeless, and how to get involved in ending homelessness in Long Beach.

<u>The following are key concepts from other community plans related to this WGSC task:</u>

All Homeless Population: (Chronic and Episodic)

a. Conduct an education and marketing campaign for all homeless populations (LA Co); Engaging the public in the development and implementation of solutions (San Francisco); Implement a broad public education campaign (San Diego)
b. Report on community level performance outcomes (NY); Ensure accurate information about services and outcomes by: Creating a citywide clinical database to track services to all homeless populations (NY), creation of a countywide database to track services and outcomes (LA Co.); Create community estimates and targets with accountability mechanisms to track service outcomes (NY)
c. Improve community relationships to support new community housing initiative (NY)
d. Conduct citywide street estimates annually (NY) & (Philadelphia);
e. Educate community on finance (local & state) for mixed use and affordable housing development (LA Co.)
f. Educate the community to overcome barriers to sighting mixed use and affordable housing development (LA Co.);
g. Education on the displacement of individuals and families into homelessness (LA Co.)
h. Education on access into services system and mainstream resource connections (city, county, state) (LA Co.)
i. Engage the public and the clients to become educated and involved in self-advocacy (NY)

Chronic and Episodic population

a. Develop a mobile services model to bridge transition from shelter to housing for chronically homeless and prioritize housing resources for chronically homeless (NY)
b. Create housing options that are available to chronically homeless persons with criminal records. Expand housing options for homeless individuals with a mental illness (San Francisco)
c. Develop a broad range of housing and support services to meet the special-needs population (LA Co.)
d. Discourage panhandling and foster a message of recovery in the community and enhance outreach efforts to target, place, and track chronically homeless individuals with special needs (Philadelphia)
e. Ensure that drop in access centers are increasing engagement with chronically homeless (LA Co.)
f. Development of needed Detox units (LA Co.)

3. Continuum of Care System review and coordination of the implementation of 10-year plan within the Continuum of Care System

This WGSC will review the existing Continuum of Care System (CoC) to determine level of services available, any gaps already identified in the CoC system and utilize the information to assist the other WGSC to determine needs. The WGSC will also review all other WGSC "Committee Recommendation Matrix" to ensure that the 10-year plan is coordinated with the CoC system in place. Once the overall 10-year planning process is completed this WGSC will continue to meet to monitor implementation of short, medium and long-range goals of the 10-year plan and review outcome measure and successes of the overall plan implementation.

The following are key concepts from other community plans related to this WGSC task:

a. Review of the CoC system to reduce and prevent homelessness by integrating, redesigning and improving service delivery systems (LA County); Review of existing contracts with service providers that provide supportive services and determine if any adjustment or realignment of funding is needed to meet the identified gaps in CoC system. (San Francisco; Establish a citywide outreach/drop-in center coordinating council (NY)

b. Review of CoC capacity to determine unmet need to decrease the number of people on the streets and in shelters (LA County); Evaluate current community-based prevention centers, expand and strengthen these centers (Philadelphia)

c. Determine medical services within the CoC system – improve the health of homeless children, youth and adults (LA County); Improve access to physical and behavioral health services throughout the continuum. (Philadelphia); Expand benefits access and support for mainstream services (NY); Shift programs serving individuals with behavioral health issues back to the Department of Health rather than under a separate homeless system (Philadelphia)

d. Review coordination of services to chronically homeless (NY)

e. Create an integrated case management system and implement cross-agency case conferencing (NY); Maximize coordination and integration throughout entire CoC system (Philadelphia)

f. Develop and implement a philosophy of rights and responsibilities, rewards and incentives for homeless individuals (Philadelphia); Implement standards of client and provider responsibility (NY); Pursue "express eligibility" for housing and shelter placement (NY)

g. Develop capacity building programs to promote the development of high quality supportive housing (San Francisco); Ensure that all city-contracted homeless facilities have appropriate level of service enrichment and support to allow homeless individuals and families to transition from homelessness to stability and self-sufficiency (Philadelphia)

h. Increase coordination and streamline efforts of city departments or committees responsible for the coordination of supportive housing funding, acquisition, leasing, development, and monitoring; (San Francisco) Increase

service provider skills in assessing and facilitating family reunification (San Francisco)

i. Put necessary resources upfront to assure high-quality initial assessments and placements (Philadelphia); Strengthen intake and assessment functions to ensure quick placement (NY)

j. Utilize outreach teams to ensure any shelter vacancies are filled nightly (Philadelphia)

4. **Data Analysis**
   a. Continuum of Care (CoC) data review
   b. Homeless Management Information System (HMIS)
      a. Grant Measurement (agency performance versus CoC performance)
      b. Data Evaluation
   c. Homeless Assessment
   d. Homeless Count
   e. Track key indicators impacting homeless
   f. Track community level performance (length of stay in shelter)
   g. Causes of homelessness

This WGSC will review data from many sources and review service outcomes from the existing Continuum of Care System (CoC) and outcome data from the newly implement Homeless Management Information System (coming on line in October/November of 2005). The WGSC will utilize the 2003 and 2005 point in time census data and the 2004 homeless assessment to determine key indicator impacting homeless and service needs/gaps evaluation for homeless in relationship to services offered. The WGSC will also work with other WGSC to incorporate "Committee Recommendation Matrix" information into the data review process.

In order to develop local systems that reduce or eliminate homelessness, two things must happen. Accurate administrative data must be developed to understand the nature of homelessness and its solutions, and long range planning must take place with the goal of ending homelessness (defined as getting people into permanent housing).

Every jurisdiction needs solid information on who is homeless, why they became homeless, what homeless and mainstream assistance they receive and what is effective in ending their homelessness. This information is needed on a city-wide basis, not just a program-by-program basis. This allows trends to be monitored to determine what is causing homelessness, to assess what types of assistance are available to address homelessness, and to fill the resulting gaps.

Questions that need to be answered with such data include:
- With what mainstream public systems have homeless people interacted, and did this interaction result in homelessness (example: poor discharge planning, inadequate after-care, etc.)?
- How many units of supportive housing are needed to eliminate chronic homelessness?
- For those who enter and exit the system fairly quickly, what assistance is most effective in facilitating their re-housing?
- What mainstream services do families need after they are housed so that they do not become homeless again?

The following are key concepts from other community plans related to this WGSC task:

In Philadelphia - Analysis and Interaction with Other Systems was done thru: The Information Technology office and researchers, also analyze data. When the data is placed in the data warehouse, the City was able to cross analyze it with other systems within the warehouse.

Lessons Learned by Philadelphia:
Having data helps with fundraising. Not only is the City able to provide ready data to funding processes such as the Continuum of Care, but grantors like the fact that the City is paying attention to how the money is being used.

Centralized intake is helpful for data collection and purity, but you have to have good systems in place for security, because you have a larger universe of users. Recognize that social services data is very fuzzy. Technology people who have not worked in the human services field will find this difficult at first.

In the City of Spokane - Measuring homelessness has traditionally been either incomplete or largely anecdotal. The Spokane Human Services Department has taken a large step in counting the homeless and quantifying poverty in their region-the first step toward understanding the needs of this community and providing appropriate services to help them out of homelessness and into a more stable situation.

Massachusetts Housing and Shelter (MHSA) - recommends data collection systems as an important tool to address homelessness. This subpopulation census provides the basis for much of MHSA's work in understanding the routes into homelessness from state systems without adequate or appropriate discharge planning practices, protocols, or residential resources.

5. Housing (temporary and permanent)

The primary reason that wide-scale homelessness did not exist twenty-five years ago is that the infrastructure of housing, income and services that supports poor people has changed. Remedies to homelessness must take place within the context of re-building this infrastructure. Although we can stop people who lose their housing from spending lengthy periods of time homeless, ultimately we will not be able to stop people from having housing emergencies until we address their housing, income and service needs.

Most poor people rent housing, and a great many poor renter households are at an extremely high risk of homelessness. This is because so many of them, 23% of Long Beach residents or 106,157 family members have a housing affordability crisis. They pay more than half of their income for rent, and therefore have no buffer to deal with unforeseen expenses such as car breakdowns, the need to leave a job to care for a sick child, or school costs. Should such economic crises arise, they are vulnerable to losing their housing and becoming homeless.

Part of this problem is income-related, but there is also an extreme and growing shortage of affordable housing units in the country. This problem is getting worse, while the number of households needing housing support has increased, the number of units affordable to them has decreased. In Long Beach rental housing cost have increase by 50% over the last 5 years and 46% of renters pay more than 30% of their income toward rent. Federal housing subsidy can help address the problem, but here again supply does not keep up with demand. Even where housing subsidy is available, it does not always solve housing problems. According to HUD, 1.3 million households that receive some sort of housing assistance still have a severe rent burden.[v]

In short, housing is a serious problem for lower income Long Beach residents, including those who work. Yet stable housing is essential to achieve local and national goals of improved education, safety, health care and employment. There are existing housing programs to address these issues, but they are not adequate. Of those people who are eligible for housing assistance (based on income or status), as many do NOT receive assistance as DO receive it, because of inadequate funding.

People become homeless because of the lack of affordable housing. The supply of housing that is affordable and available to low income people should be increased. In addition, subsidies that allow people to achieve stability in decent housing should be regarded as good investments in a productive society.

This WGSC will review the existing forms of housing available and the need for additional housing to meet demand to prevent or end homelessness. Since the demographics of homelessness, and therefore its solutions, vary in every locality, ending homelessness will require the development of a local plan that systematically and quickly re-houses those who lose their housing. The replacement housing should be permanent -- having no artificial limits on how

long a person can stay. If an individual or family requires some type of temporary housing such as residential treatment (for illness) or residential separation (for victims of domestic violence, for chronically homeless people, for people in recovery) such interim housing should be firmly linked to eventual placement in permanent housing. The two types of housing to be discussed are temporary and permanent. Temporary housing is consider:

Time-limited Shelter
An Emergency shelter houses individuals and/or families for 30 to 90 days and may provide some case management services

A Transitional shelter is longer-term shelter up to 24 months that requires case management and provides a range of supportive services and linkages to other services

Permanent Housing
Is any form of housing in which an individual/family can stay indefinitely. The following are several examples of permanent housing: Affordable housing, Mixed use housing (affordable and market rate), SAFE Haven (low demand housing with supportive services on site for persons with disabilities), supportive housing (affordable housing with supportive services).

The WGSC will develop "Committee Recommendation Matrix" that address all forms of housing, housing barriers and any unmet needs in housing stock.

The following are key concepts from other community plans related to this WGSC task:

a.   The Homeless Assistance Centers (HACs) in Miami/Dade County, Florida are replacing the area's shelter system. All homeless people go through intake and assessment in these large centers. Their immediate needs are met, but the goal is to assess and evaluate overall needs and re-house people immediately in either permanent housing or a residential service program - to reduce the length of their homeless experience.
b.   Advocate for public resources to expand funding for affordable housing, streamline application and eligibility review process at intake (Philadelphia)
c.   Coordinate city and state housing services (Philadelphia)
d.   Develop a Housing Plan to address the needs of homeless and at-risk populations (LA Co, NY & Philadelphia)
f.   Expand "housing first" options, expand the capacity of drop-in centers and expand traditional programs with low threshold/progressive demand for chronically homeless (NY)
j.   Expedite shelter placements, place families in shelters near their home communities, reinforce prevention and diversion at intake (NY)
k.   Los Angeles County (excluding Long Beach) wants to develop 7,000 new shelter beds and 40,000 affordable housing units countywide and 4,000 each year thereafter

l.   Advance new housing marketplace initiatives that will increase the supply of supportive housing and service enriched housing (NY)

m. Coordinate rental assistance across agencies, develop rental assistance

n. Increase local, state, and federal resources to sustain and increase investment in the development of mixed use housing and affordable housing (San Francisco)

6. Planning and Building

This WGSC will review the current Zoning, Ordinance and Impediments to Housing and other regulatory information regarding sitting and placement of supportive service and housing programs. The WGSC will make recommendation if changes are needed to ensure the development of housing uses need to prevent and end homelessness.

The following are key concepts from other community plans related to this WGSC task:

a. Develop policies that counter the deterioration and abandonment of housing stock and allow for easier renovation and rehabilitation of housing units (Philadelphia)
b. Reform state-local zoning and finance arrangements to create inducements for affordable and mixed use housing (LA Co.)
c. Overcome barriers sitting new affordable and mixed use housing (LA Co.)
d. Develop a zoning/ordinance that allow for a broad range of housing and support services to meet the special-need (chronically homeless, disabled, seniors, etc) populations (Philadelphia & San Francisco)
e. Coordinate services between the county and cities (Philadelphia, LA Co.)
f. Improve community relationships to support new community housing initiatives (NY)
g. Remove zoning barriers which are exclusionary, forbid shared housing or in-law apartments, or otherwise directly or indirectly inhibit the production of affordable housing (National Housing coalition to End Homelessness)
h. Take steps to preserve existing affordable housing, including moratoria on the destruction of SRO units, requiring replacement of converted affordable units (National Housing coalition to End Homelessness)
i. Amend building codes to encourage development of SROs and other low cost housing, still consistent with basic health and safety requirements (National Housing coalition to End Homelessness)

7. Prevention Strategies

Homelessness prevention means many things to many people. Broadly, it means that someone who is threatened with homelessness does not become homeless. That is, someone who is domiciled (i.e., not living on the street, in a shelter or transitional facility, not doubled up with a relative or in some other form of shelter not designed to be permanent or long-term) does not lose that residence or some equally acceptable residence. There are basically, three types of prevention activities:

Intervention Programs. These programs assist people who are literally about to become homeless because of eviction (most commonly), mortgage foreclosure, institutional release, foster care emancipation, family break-up or other reasons. Examples of this type of prevention program include emergency rent or utility payments, landlord/tenant mediation, legal aid to forestall eviction, and family counseling.

Stabilization Programs. These programs are directed to people who are at risk of homelessness because they are precariously housed, paying too high a percentage of income for rent, living in a volatile domestic environment, underemployed, plagued with alcohol or substance abuse or other illnesses, etc. The aim of these programs is to stabilize the household before it reaches the brink of homelessness. Examples include case management, foster care counseling, budgeting assistance, treatment for illnesses including drug and alcohol abuse, and family counseling.

Infrastructure Programs. The goal of these programs is to build strong, stable communities in which there is no threat of homelessness. This is the most complete solution to the problem. Such programs provide a range of affordable housing options including supportive housing for those who require it; adequate incomes from employment and/or benefits; and comprehensive social, health and other services.

This WGSC will review the prevention strategies to increase the number of individuals and families that **do not** become homeless. There are several key areas that will be covered under the prevention WGSC: (i) Discharge planning from other institutions (i.e., jails, prisons, hospital, mental institutions, foster care system, etc); (ii) Connection to mainstream services (i.e., Social Security, Supplemental Social Security, Temporary Aid to Needy Families (TANF/Calworks), General Relief, Medical, etc); (iii) Service and Program Analysis to determine if they prevent homelessness, and the reoccurrence of homelessness; (iv) Connection to employment and determine how to assist individuals who are under employed to become employed earning a living wage.

Prevention Programs

Intervention Program	Stabilization Programs	Infrastructure Programs
Rent assistance Mortgage assistance Tenant/landlord mediation Domestic violence counseling Family counseling Legal aid Case management Emergency utility payments	Institutional transition (prisons, hospitals, jails, etc.) Foster care emancipation Community agencies Drug/alcohol treatment Family counseling Domestic violence programs Tenant education Case management Budgeting assistance	Housing Assistance: Section 8 Single Room Occupancy Housing and mortgage insurance AFDC housing grants Public housing Tax credits Supported housing Income Assistance: Veterans benefits Aid to Families with Dependent Children Emergency Assistance General Assistance Food Stamps Service Assistance: Health care Case management Counseling Children's programs Job training and placement Enrichment Building self esteem Drug/alcohol illness treatment Mental health care

The following are key concepts from other community plans related to this WGSC task:

- Discharge Planning
  a. Initiate Supplemental Security Income and disability income advocacy and application/reinstatement before discharge (San Francisco)
  b. Link jail services directly to housing and homeless services (San Francisco & NY)
  c. Coordinate discharge planning from hospitals and community based treatment directly to housing (NY)
  d. Enhance integration of public systems of care (LA Co.)
  e. Increase access to community, homeless, drug, mental health and Juvenile mental health court (LA Co. & NY)
  f. Reduce the rate of homeless among individuals discharged from jails and prisons (LA Co.)

g. Link youth services directly to homeless services for emancipated youths to reduce the number of emancipated youth exiting the system into homelessness (San Francisco, NY & LA Co.)
h. Recruit advocates to assist in filling out forms, gather evidence, and provide representation to Social Security Administration (San Francisco)
i. Recruit psychologists or psychiatrists to provide consultative examinations in support of claims and to prepare reports (San Francisco)
j. Create a method to gather applicable past medical records from both local and other providers (San Francisco)

- Mainstream Resources
  a. Expand affordable childcare. (LA Co.)
  b. Coordinate child welfare collaboration (NY)
  c. Expand enrollment of Food Stamps, Medi-Cal, and WIC. (LA Co.)
  d. Increase availability of county provided healthcare services. (LA Co.)
  e. Enroll disabled homeless individuals for SSI and support efforts to ease enrollment into SSI. (LA Co.)
  f. Shift programs serving individuals with behavioral health issues back to the Department of Health rather than under a separate homeless system. (LA Co.)
  g. Provide education-related services and assistance to homeless children. (LA Co.)
  h. Connect homeless services with school districts, County Office of Education, and other pertinent County departments. (LA Co.)
  i. Strengthen literacy, job readiness, and employment training of homeless. (LA Co.)
  j. Reduce the rate of homeless amount General Relief, CalWorks and TANF recipients (LA Co.)

- Services/Program Analysis
  a. Expand access to mental healthcare, substance abuse treatment and transportation resource (LA Co.)
  b. Expand, redesign, and enhance Homeless Access Center services (LA Co.)
  c. Provide services and assistance to prevent displacement of individuals and families (LA Co.)
  d. Strengthen intake and assessment functions to ensure quick placement. Put necessary resources upfront to assure high-quality initial assessments and placements. (LA Co.)
  e. Expand aftercare initiative to prevent individuals and families from cycling back into homelessness (NY)
  f. Provide legal services and homeless court (NY & San Francisco)
  g. Expand outreach and education as well as funding eviction prevention programs (San Francisco)

- Employment
    a. Advocate for policies and support systems that help individuals transition from homelessness to work and increase job retention (LA Co. & Philadelphia)
    b. Develop customized employment options for homeless people with disabilities (LA Co.)
    c. Expand and replicate current successful job placement initiatives (Philadelphia)
    d. Strengthen job readiness programs by providing life skills training, case management, transitional employment, and educational opportunities (LA Co. & Philadelphia)
    e. Strengthen literacy, job readiness, and employment training of homeless. (LA Co.)
    f. Support Welfare-to-Work Initiatives (Philadelphia)
    g. Expand affordable childcare (LA Co & Philadelphia)

The most difficult task of any prevention effort, particularly intervention efforts, is to identify who is likely to become homeless. The truly cost effective prevention program will accurately target its assistance to people who would be homeless without it.

In order to target resources and programs, the WGSC must determine who is likely to become homeless. In general, those most at risk of homelessness, and therefore those to whom should first be targeted for assistance, which are those among the very poor who spend a large (over 30%) portion of their income on housing or who have a temporary or unstable housing arrangement (e.g., are doubled-up). Within this pool of precariously housed, very poor people we can further say that those most at risk are those who:
- have been homeless before;
- have no support networks (friends or family) which can help them with housing or finances, or who have exhausted such networks;
- have an institutional history (prison, jail, hospitals, etc.) and whose institutional stay was not immediately followed by steady employment, stable housing, and sobriety;
- have been in foster care; or are victims of domestic violence.

And, to further refine the targeting effort, amongst people who fall into any of the above categories, the people most likely to become homeless are:
- single men;
- female-headed households, particularly ones with no experience of independent living;
- people with chronic mental illness;
- people with substance or alcohol abuse illness; and
- people with serious health problems.

16

8. Outreach

This WGSC will review the current street outreach services in place, what function outreach teams currently play and what expanded role should outreach workers take on to address preventing and ending homelessness.

The following are key concepts from other community plans related to this WGSC task:

a. Ensure shelter is available to all those who qualify for it   (Philadelphia & LA Co.)
b. Enhance outreach efforts to target, place and track chronically homeless individuals/families with special needs (Philadelphia)
c. Discourage panhandling and foster a message of recovery in the community (Philadelphia)
d. Ensure that all city-contracted homeless facilities have appropriate level of service enrichment and support to allow homeless individuals and families to transition from homelessness to stability and self-sufficiency (LA Co. & Philadelphia)
e. Reconfigure existing outreach teams and create new multi-disciplinary outreach teams (LA Co.)
f. Strengthen intake and assessment functions to ensure quick placement and put necessary resources upfront to assure high-quality initial assessments and placements (LA Co.)
g. Outreach teams become the link between shelter and street population and fill 100% of beds open by the end of business each day (Philadelphia)
h. Outreach works implement rapid re-entry into permanent housing through housing first models (NY, Philadelphia, LA Co.)
i. Engage general public in supporting solutions (San Francisco)
j. Outreach to mainstream service provider (jails, foster care, mental hospitals, etc) to create strong linkages (LA Co., San Francisco, Philadelphia, NY)
k. Develop mobile services model to binge transition from shelter to housing for chronically homeless (NY)

9. **Funding**
   a. Available Resources (Current Resources)
   b. New Sources (traditional and untraditional)
   c. Needed for Implementation
   d. Fair Share of Costs
   e. Housing Trust Fund
   f. Taxes dedicated to funding homeless services
   g. Homeless Trust Fund
   h. Mayor's Fund for the Homeless

This WGSC will research funding related to: (i) currently available resources and how they are utilized; (ii) new resources that can be development and how they would be utilized; (iii) funding that would be needed to implement the "Committee Recommendation Matrix" objectives; (iv) the issue of fair share of costs with the County, State and Federal government, and surrounding cities; (v) the development of a special tax to fund homeless services/housing; (vi) review the Housing Trust Fund; (vii) discussion of the development of a Homeless Trust fund; (viii) review the use of the Mayor's fund for the homeless and how to increase donations.

<u>The following are key concepts from other community plans related to this WGSC task:</u>

- Advocate for public resources to expand funding for affordable housing (LA Co.)
- Analyze resource reinvestment by sector (LA Co. Philadelphia, NY)
- Establish Homeless Trust Fund (LA Co.)
- Increase up-front investments to fund prevention models (Philadelphia)
- Obtain state and federal waivers to current reimbursement limitations.
- Reform state-local finance arrangement to create inducements for affordable housing development (LA Co.)
- Reinvest targeted savings (NY)
- Advocate for public resources to expand funding for affordable housing (Philadelphia & NY)
- Engage mainstream providers to enhance resources to serve the most needy population (LA Co, Philadelphia, NY)

Appendix

"Rental Housing Assistance - The Worsening Crisis: A Report to Congress on Worst Case Housing Needs." U.S. Department of Housing and Urban Development, Office of Policy Development and Research, March 2000.

[ii] *In Search of Shelter: The Growing Shortage of Affordable Rental Housing.* Center on Budget and Policy Priorities, Washington, DC. June 1998/

[iii] Ibid.

[iv] "The State of the Nation's Housing." Joint Center for Housing Studies of Harvard University, 1999.

[v] "Rental Housing Assistance - the Worsening Crisis," op cit.

[vi] Dolbeare, Cushing, "Out of Reach: The Gap Between Housing Costs and Income of Poor People in the United States." National Low Income Housing Coalition, Washington, DC, September, 1999.

[vii] All statistics are from analysis by the Economic Policy Institute of Census Bureau Data. Available through the Economic Policy Institute web site at www.epinet.org.

[viii] "Average Incomes of Very Poor Families Fell During Early Years of Welfare Reform, Study Finds." Press Release, Center on Budget and Policy Priorities, August 22, 1999. The study cited counts food stamps, housing subsidies, Earned Income Tax Credit and other such benefits as income, as well as conventional earnings.

[ix] Robert Anderson, National Association of State Alcohol and Drug Abuse Directors, Testimony before the Subcommittee on Health and the Environment, Committee on Commerce, U.S. House of Representatives, August, 1999.

[x] U.S. Department of Health and Human Services, Administration for Children and Families, Access to Child Care for Low-Income Working Families (Washington, D.C.: U.S. DHHS, October 19, 1999).